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SUBJECT: USAID/DART - HAITI NUTRITION UPDATE

REF: PORT A 0096

**¶11.** Summary. USAID Disaster Assistance Response Team (USAID/DART) staff caution that disrupted access to food and poor sanitation conditions in earthquake-affected areas of Haiti have the potential to lead to an increase in acute malnutrition, particularly among infants and young children. USAID/DART staff report that immediate nutrition priorities include safe feeding support for infants under one year of age who are orphaned or without breastfeeding possibilities; preventing moderate and severe nutrition among children under five years of age through supplemental feeding; and strengthening the integration of nutritional screening and referral mechanisms.

**¶12.** USAID in coordination with the Nutrition Cluster, U.N. organizations, and implementing partners is rapidly increasing response programming to address nutrition concerns among earthquake-affected populations. USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) has provided nearly \$6 million for nutrition interventions in Haiti, to date. USAID/OFDA has also strongly discouraged the use of powdered infant formula as part of response efforts due to associated risks of increased infant morbidity and mortality in emergency settings. End summary.

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INFANT AND YOUNG CHILD FEEDING  
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**¶13.** Due to the combined conditions that support an existing demand for infant formula in Haiti, including significant numbers of orphans, infants who have been separated from their mothers, and existing low exclusive breastfeeding rates USAID, in consultation with the U.N. Children's Fund (UNICEF) and the Nutrition Cluster, identified a need for limited quantities of infant formula as part of nutrition response efforts. However, given the current poor sanitation situation in Haiti and associated challenges with ensuring a hygienic environment and clean water availability, the USAID/DART emphasizes that powdered formula is inappropriate. The Nutrition Cluster recommendation is to provide ready-to-use infant formula (RUIF), under controlled distribution and strict supervision, in order to minimize the risk of diarrheal disease and increased mortality rates among infants and young children.

¶4. USAID/DART staff emphasize that years of field-based evidence confirm that the use of breast-milk substitute (BMS), particularly in emergencies, significantly increases illness and death among infants and is therefore strongly discouraged. However, under certain conditions, as is the case in Haiti described above, and where specific criteria are met, the purchase and strictly controlled use of infant formula in accordance with the International Code of Marketing of Breast Milk Substitutes, and humanitarian policies and guidelines may be appropriate. USAID/DART staff emphasize that general distributions of BMS is never appropriate.

¶5. At the request of UNICEF and the Nutrition Cluster, USAID/OFDA is procuring a limited three-month supply of RUIF for targeted distribution to infants under one year of age that are orphaned or without breastfeeding possibilities. The lead sub-cluster non-governmental organizations (NGOs), Save the Children/US (SC/US), Concern, and Action Contre la Faim (ACF), will distribute RUIF to selected orphanages, baby feeding tents, and pediatric wards in hospitals with appropriate breastfeeding messaging, training, and supervision. On January 29 and 30, ACF and Concern opened the first baby feeding tents in three spontaneous settlements in Port-au-Prince. The next USAID/OFDA shipment of 32,000 quarts of RUIF is scheduled to arrive in Port-au-Prince on February 2.

¶6. As part of the Haiti response, USAID/OFDA has actively worked to discourage the donation, transport, and/or use of powdered infant formula to prevent increases in diarrhea related morbidity and mortality among infants and young children. USAID/OFDA participated in the Joint Statement on Infant Feeding in Emergencies (IFE) released by UNICEF, the U.N. World Health Organization (WHO), and the Government of Haiti (GoH) Ministry of Health. In addition, USAID/OFDA disseminated the Guidance Cable on Breast Milk Substitutes in Emergencies. USAID/OFDA has also seconded a nutritionist to the Nutrition Cluster to act as the IFE focal point.

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#### MALNUTRITION PREVENTION PROGRAMMING

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¶7. The baseline nutritional status in Haiti is poor, with pre-earthquake acute malnutrition levels between 4.3 and 9 percent. USAID/DART staff caution that disruptions to food access and poor sanitation conditions in earthquake-affected areas of Haiti have the potential to result in a rapid deterioration in nutrition status among infant and young children, particularly for those newly orphaned or separated from parents.

¶8. As a preventive measure to mitigate an escalation of malnutrition among vulnerable children in affected areas, UNICEF, the U.N. World Food Program (WFP), and partners plan to conduct a blanket distribution of supplementary plumpy rations to 200,000 children under 3 years of age for a three-week period. WFP has procured 105 metric tons (MT) of supplementary plumpy to support the feeding program. The International Medical Corps is scheduled to begin distributions in orphanages and hospitals on February 2. Planning for blanket supplementary feeding at displacement sites remains ongoing as the Nutrition Cluster seeks to resolve security concerns, establish a registration system, and identify implementing partners.

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¶9. USAID/DART staff note that mobile clinics are reporting cases of malnutrition, including three mobile clinic sites in Carrefour, Gressier, and Port-au-Prince visited by USAID/DART staff on January 29. Screening for malnutrition as part of mobile clinic operations is critical to ensuring early detection and treatment. The number of identified cases remains limited to date but USAID/DART staff note an absence of comprehensive data. Once malnutrition cases are identified through mobile health clinics and health facilities, referrals to alternate facilities capable of receiving and treating cases remains ad-hoc. USAID/DART staff emphasize the need to establish a standardized screening and referral process for malnutrition cases in order to ensure early detection and treatment. USAID/DART staff report that stabilization centers for severe acute malnutrition have been established and that the Nutrition Cluster has compiled and disseminated a list of NGOs with the capacity to receive and treat severe malnutrition cases and provide nutritional care units.

¶10. On January 30, USAID/DART and UNICEF staff conducted assessments of the two therapeutic feeding centers (TFC) operating in Port-au-Prince. USAID/DART staff reported that although the Saint-Damien Hospital in the Tabarre neighborhood continued to

receive severe acute malnutrition (SAM) cases, the facility lacked the required therapeutic supplies to adhere to treatment protocols. In response, the assessment team arranged for UNICEF to supply the hospital with the appropriate F-75 and F-100 therapeutic milk. The TFC at the University Hospital in Port-au-Prince began operations on January 30. The TFC, operated by the NGO Concern, admitted eight severely malnourished children on the first day and is now fully operational. The NGO Concern also opened two infant feeding tents in spontaneous settlements in Port-au-Prince on January 30 using USAID/OFDA-supplied nutritional commodities.

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#### CONCLUSION

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¶11. USAID/DART staff identify safe feeding for infants and young children and supplementary feeding for children under five years of age as immediate priorities to prevent moderate and severe malnutrition. In addition, USAID/DART staff highlight the need for the integration of nutritional screening and referral of malnutrition cases identified through mobile health clinics and health facilities. USAID/DART staff continue to monitor nutrition conditions on the ground and coordinate with USAID/Haiti, the Nutrition Cluster, the U.N., and relief organization partners to address the nutrition concerns of earthquake-affected populations.

¶12. To date, USAID/OFDA has provided nearly \$6 million for nutrition interventions in Haiti, including more than \$1 million to SC/US and \$4.5 million to UNICEF to support nutrition commodities and treatment programs, as well as public messaging and education outreach on infant and young children feeding practices.